Fill in this information to identify your case:				
Debtor 1	Samantha McGov	ern		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F MICHIGAN	
Case number	19-48825-T			
(if known)				

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Par	t1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	11,851.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	11,851.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	11,650.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	3,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	19,518.00
	Your total liabilities	\$	34,168.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,372.54
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,372.50
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other scl	nedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,751.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	3,000.00

						I	6/19/19 4:0
Fill in t	this inforn	nation to identify you	ır case and th	nis filing:		,	
Debtor	1	Samantha McG		e Name Last Name			
Debtor	2	ristivanie	Middle	Last Name			
(Spouse,	if filing)	First Name	Middle	e Name Last Name			
United	States Bar	nkruptcy Court for the:	EASTERN	DISTRICT OF MICHIGAN			
Case n	number _1	19-48825-T					☐ Check if this is a amended filing
⊃ffi⊲	sial Ea	rm 1061/P					
		<u>rm 106A/B</u>	nortv				
<u> </u>	leaui	e A/B: Pro	perty				12/15
	ou own or h	ave any legal or equital	ble interest in a	any residence, building, land, or similar property?	•		
. Do yo	No. Go t		ble interest in a	any residence, building, land, or similar property?	,		
. Do yo	No. Go t	o Part 2.	ble interest in a	any residence, building, land, or similar property? What is the property? Check all that apply		duct secured cl	aims or exemptions. Put
. Do yo	■ No. Go t	o Part 2. nere is the property?			Do not ded the amoun	t of any secure	ed claims on Schedule D:
. Do yo	■ No. Go t	o Part 2.		What is the property? Check all that apply	Do not dec the amoun Creditors V	t of any secure Who Have Clai alue of the	ed claims on Schedule D: ims Secured by Property. Current value of the
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property?		What is the property? Check all that apply ☐ Single-family home	Do not dec the amoun Creditors V	t of any secure Who Have Clai alue of the	ed claims on Schedule D: ims Secured by Property.
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply ☐ Single-family home ☐ Duplex or multi-unit building	Do not dec the amoun Creditors V Current va entire pro	t of any secure Who Have Clai alue of the	ed claims on Schedule D: ims Secured by Property. Current value of the
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative	Do not dec the amoun Creditors V Current va entire pro	t of any secure Who Have Clai alue of the	ed claims on Schedule D: ims Secured by Property. Current value of the
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home	Do not dec the amoun Creditors V Current va entire pro	t of any secure Who Have Clai alue of the	ed claims on Schedule D: ims Secured by Property. Current value of the
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Do not dec the amoun Creditors V Current va entire pro	t of any secure Who Have Clai alue of the	ed claims on Schedule D: ims Secured by Property. Current value of the
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Do not dec the amoun Creditors & Current va entire proj \$ 	t of any secure Who Have Clai alue of the perty?	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not decithe amoun Creditors V Current va entire prop \$ Describe t (such as for	t of any secure Who Have Clai alue of the perty?	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check	Do not decithe amoun Creditors V Current va entire prop \$ Describe t (such as for	t of any secure Who Have Clai alue of the perty? the nature of y ee simple, ter	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$
. Do yo	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one	Do not decithe amoun Creditors V Current va entire prop \$ Describe t (such as for	t of any secure Who Have Clai alue of the perty? the nature of y ee simple, ter	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$
1.1 Str	■ No. Go t □ Yes. Wh	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not dect the amoun Creditors & Current va entire proj	t of any secure Who Have Clai alue of the perty? the nature of y ee simple, ter te), if known.	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$
1.1 Str	■ No. Go t □ Yes. Wh reet address, i	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	Do not dec the amoun Creditors \(\text{Current va entire prop} \) Describe t (such as fa a life estate)	t of any secure Who Have Clai alue of the perty? the nature of y ee simple, ter te), if known.	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$
1.1 Str	■ No. Go t □ Yes. Wh reet address, i	o Part 2. nere is the property? if available, or other description	on .	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not dec the amoun Creditors \(\text{Current va entire prop} \) Describe t (such as fa a life estate)	t of any secure Who Have Clai alue of the perty? the nature of y ee simple, ter te), if known.	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Official Form 106A/B Schedule A/B: Property page 2

De	ebtor 1	Samantha Mo	cGovern		Case number (if known)	19-48825-T
	□ No		othes, furs, leather coats, de	signer wear, shoes, accessories		
			Clothing			\$50.00
	□ No ·		velry, costume jewelry, enga	agement rings, wedding rings, heirloom	jewelry, watches, gems, g	old, silver
			Jewelry			\$20.00
13.	Exampa □ No	m animals les: Dogs, cats, b	oirds, horses			
			2 dogs			\$100.00
	. Add th		Metro Storage Unit (So	ee Sofa) Part 3, including any entries for page	es you have attached	\$200.00
		cribe Your Financ		(4) (1) 1 0		
Do	you ow	n or have any le	egal or equitable interest i	n any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No		nave in your wallet, in your h	ome, in a safe deposit box, and on han	nd when you file your petition	on
					Cash	\$50.00
				counts; certificates of deposit; shares in s with the same institution, list each.	credit unions, brokerage h	ouses, and other similar
	Yes			Institution name:		
			17.1. Savings	Alliance Catholic Credit U	Inion	\$100.00

Official Form 106A/B Schedule A/B: Property page 3

D	ebtor 1	Samantha McGovern	Case number (if known)	19-48825-T	0/10/10 4.0011
18.		mutual funds, or publicly traded stocks bles: Bond funds, investment accounts with broker	rage firms, money market accounts		
	_	Institution or issuer nam	ne:		
		Robin Hood Stock	Account		\$31.00
19.	Non-pu		ted and unincorporated businesses, including an interest	in an LLC, partne	ership, and
	■ No				
	☐ Yes.	Give specific information about them Name of entity:	% of ownership:		
20.	Negotia	ment and corporate bonds and other negotial able instruments include personal checks, cashier egotiable instruments are those you cannot transfe	rs' checks, promissory notes, and money orders.		
	☐ Yes. (Give specific information about them Issuer name:			
21.	Examp ☐ No		b), thrift savings accounts, or other pension or profit-sharing p	olans	
	■ Yes.	List each account separately. Type of account:	Institution name:		
		401k	401k through current employer		\$2,000.00
			estimated pro rata 2019 state refund (Debtor does not expect to receive a federal refund)		\$200.00
22.	Your sl Examp		at you may continue service or use from a company lic utilities (electric, gas, water), telecommunications compan	ies, or others	
	■ No □ Yes		Institution name or individual:		
23.		ies (A contract for a periodic payment of money to	o you, either for life or for a number of years)		
	■ No □ Yes	Issuer name and description.			
24.	26 U.S.0	s in an education IRA, in an account in a quali C. §§ 530(b)(1), 529A(b), and 529(b)(1).	fied ABLE program, or under a qualified state tuition pro	gram.	
	■ No □ Yes	Institution name and description. Se	eparately file the records of any interests.11 U.S.C. § 521(c):		
25.	Trusts,	equitable or future interests in property (other	r than anything listed in line 1), and rights or powers exe	rcisable for your b	oenefit
	☐ Yes.	Give specific information about them			
26.		s, copyrights, trademarks, trade secrets, and o ples: Internet domain names, websites, proceeds f			
	☐ Yes.	Give specific information about them			
27.	Examp ■ No	es, franchises, and other general intangibles bles: Building permits, exclusive licenses, coopera Give specific information about them	tive association holdings, liquor licenses, professional license	es	
1/4		property owed to you?		Current value	e of the

portion you own? Official Form 106A/B Schedule A/B: Property page 4

Debtor '	Samantha McGovern	Case number (if known)	19-48825-T
			Do not deduct secured claims or exemptions.
28. Tax ■ No	refunds owed to you		
	es. Give specific information about them, including whether you already file	d the returns and the tax years	
	nily support amples: Past due or lump sum alimony, spousal support, child support, ma	intenance, divorce settlement, property	settlement
■ No	o es. Give specific information		
Exa ■ No		ck pay, vacation pay, workers' compen-	sation, Social Security
Ll Y€	es. Give specific information		
	rests in insurance policies amples: Health, disability, or life insurance; health savings account (HSA); o	credit, homeowner's, or renter's insurance	ce
□ Ye	es. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
If yo	interest in property that is due you from someone who has died ou are the beneficiary of a living trust, expect proceeds from a life insurance neone has died.	e policy, or are currently entitled to rece	ive property because
■ No	o es. Give specific information		
	ms against third parties, whether or not you have filed a lawsuit or mamples: Accidents, employment disputes, insurance claims, or rights to suc		
□ Ye	es. Describe each claim		
■ No		terclaims of the debtor and rights to	set off claims
□ Ye	es. Describe each claim		
_ `	financial assets you did not already list		
■ No	o es. Give specific information		
	ld the dollar value of all of your entries from Part 4, including any entr r Part 4. Write that number here		\$2,381.00
Part 5:	Describe Any Business-Related Property You Own or Have an Interest In. List	any real estate in Part 1.	
37. Do y o	ou own or have any legal or equitable interest in any business-related property	?	
No.	Go to Part 6.		
☐ Yes	s. Go to line 38.		
			Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Acc	ounts receivable or commissions you already earned		
	0		
	es. Describe Form 106A/B Schedule A/B: Property	y	page

Debtor 1	Samantha Mo	Govern	Case number (if known)) 19-48825-T
			_	
39. Office	e equipment, furni	shings, and supplies		- abaine alestmania devisas
Exan	npies: Business-rei	ated computers, software, modems, printers, copiers, fax r	machines, rugs, telephones, deski	s, chairs, electronic devices
☐ No				
☐ Yes	s. Describe			
40. Mach	inery, fixtures, eq	uipment, supplies you use in business, and tools of yo	our trade	
□ No				
	s. Describe			
41. Inver	ntory			
□ No				
	s. Describe			
42. Intere	ests in partnership	s or joint ventures		
□ No				
	s. Give specific info	rmation about them		
		Name of entity:	% of ownership:	
			%	
43 Custo	omer lists mailing	lists, or other compilations		
□ No.	omer noto, maning	note, or other compliations		
☐ Do y	our lists include per	sonally identifiable information (as defined in 11 U.S.C. § 101(4	I1A))?	
	-			
	☐ No☐ Yes. Describe			
	Tes. Describe			
44. Anv t	ousiness-related p	roperty you did not already list		
	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
□ No	s. Give specific info	emation		
□ 163	s. Give specific fillo	mator		
		_		
45. Add	the dollar value o	of all of your entries from Part 5, including any entries	for pages you have attached	
		umber here		
Part 6: D	escribe Any Farm- a	nd Commercial Fishing-Related Property You Own or Have ar	n Interest In.	
		nterest in farmland, list it in Part 1.	ii iiiterest iii.	
46 Do vo	ou own or have an	y legal or equitable interest in any farm- or commercia	al fishing-related property?	
	o. Go to Part 7.	,ga. 5. oquitable into oct in any farm of commercia		
_	es. Go to line 47.			
				Current value of the

Do not deduct secured claims or exemptions.

Debtor 1	Samantha McGovern		Case number (if known)	19-48825-T
47. Farm <i>Exan</i>	animals nples: Livestock, poultry, farm-raised fish			
	,			
□ No	······			
⊔ Yes				
48. Crop :	s—either growing or harvested			
□ No				
	s. Give specific information			
49. Farm	and fishing equipment, implements, machinery, fixtures,	and tools of trade		
□ No				
☐ Yes				
50. Farm	and fishing supplies, chemicals, and feed			
□ No				
	······			
			1	
51. Any f	arm- and commercial fishing-related property you did not	t already list		
□ No				
	s. Give specific information			
EO A al al	the dollar value of all of your entries from Part 6, includi	na any antrina for non	an you have attached	
	Part 6. Write that number here			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
50 D a	have ather was settle of any bind you did not already lies	40		
	ou have other property of any kind you did not already list hples: Season tickets, country club membership	17		
■ No				
☐ Yes	s. Give specific information			
			İ	
54. Add	the dollar value of all of your entries from Part 7. Write the	nat number here		\$0.00
	_		•	-
Part 8:	List the Totals of Each Part of this Form			
55. Part	1: Total real estate, line 2			\$0.00
56. Part	2: Total vehicles, line 5	\$9,000.00		
57. Part	3: Total personal and household items, line 15	\$470.00		
58. Part	4: Total financial assets, line 36	\$2,381.00		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54	\$0.00		
62. Tota	al personal property. Add lines 56 through 61	\$11,851.00	Copy personal property to	otal \$11,851.00
63. Tota	al of all property on Schedule A/B. Add line 55 + line 62			\$11,851.00

Official Form 106A/B

Fill in this information to identify your case:						
Debtor 1	Samantha McGov					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN			
_	19-48825-T					
(if known)					☐ Check if this is an amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited

	o the applicable statutory amount.				
Pa	rt 1:	Identify the Property You Claim as Exempt			
1.	Which	h set of exemptions are you claiming? Check one only, even if your spouse is filing with you.			
	☐ Yo	u are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)			
	■ Yo	u are claiming federal exemptions. 11 U.S.C. § 522(b)(2)			
_	F	and a support with the Color that A Color that and a sign on a support fill in the information below.			

	■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.			
	Household Goods and Furnishings Line from Schedule A/B: 6.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)		
				100% of fair market value, up to any applicable statutory limit			
	Clothing Line from Schedule A/B: 11.1	\$50.00		\$50.00	11 U.S.C. § 522(d)(3)		
	Line IIIIII Scriedule PAB. 11.1			100% of fair market value, up to any applicable statutory limit			
	Jewelry Line from Schedule A/B: 12.1	\$20.00		\$20.00	11 U.S.C. § 522(d)(4)		
	Ellie Holli Geriedale PVB. 12.1			100% of fair market value, up to any applicable statutory limit			
	2 dogs Line from Schedule A/B: 13.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)		
	Ellie Holli ossiodale 702. 1611			100% of fair market value, up to any applicable statutory limit			
	Metro Storage Unit (See Sofa) Line from Schedule A/B: 14.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)		
	Line nom <i>Schedule PAB</i> . 14.1			100% of fair market value, up to any applicable statutory limit			

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	Cash Line from Schedule A/B: 16.1	\$50.00		\$50.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)	
	Savings: Alliance Catholic Credit Union	\$100.00	•	\$100.00	11 U.S.C. § 522(d)(5)	
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	Robin Hood Stock Account Line from Schedule A/B: 18.1	\$31.00		\$31.00	11 U.S.C. § 522(d)(5)	
				100% of fair market value, up to any applicable statutory limit		
	401k: 401k through current employer Line from Schedule A/B: 21.1	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(10)(E)	
				100% of fair market value, up to any applicable statutory limit		
	estimated pro rata 2019 state refund (Debtor does not expect to receive a	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)	
	federal refund) Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every ■ No □ Yes. Did you acquire the property cover	3 years after that for ca	ases fi	,	,	
	□ No					
	Π Yes					

					6/19/19 4:09PN
Fill in this info	rmation to identify yοι	ır case:			
Debtor 1	Samantha McG	overn			
	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name			
United States E	Bankruptcy Court for the	EASTERN DISTRICT OF MICHIGAN			
Coop number	40 4000F T				
Case number	19-48825-T			☐ Checl	c if this is an
(,				_	ded filing
Official For	m 106D				
Schedule	D: Creditors	Who Have Claims Secured	by Propert	у	12/15
	he Additional Page, fill it	If two married people are filing together, both are equout, number the entries, and attach it to this form. On			
1. Do any credito	rs have claims secured by	y your property?			
☐ No. Che	ck this box and submit t	his form to the court with your other schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill	in all of the information	below.	-	·	
Part 1: List	All Secured Claims				
2. List all secure	ed claims. If a creditor has i	more than one secured claim, list the creditor separately	Column A	Column B	Column C
		s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Genisys	Credit Union	Describe the property that secures the claim:	\$11,650.00	\$9,000.00	\$2,650.00
Creditor's Na	me	2002 Chevrolet Silverado	· · · · · · · · · · · · · · · · · · ·		
	ecutive Hills Blvd Hills, MI 48326	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Stre	eet, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the	debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or secu	ıred		
Debtor 2 only		car loan)			
Debtor 1 and	•	Statutory lien (such as tax lien, mechanic's lien)			
	f the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this community of	claim relates to a debt	Other (including a right to offset)			
Date debt was in	2017 <u>2017</u>	Last 4 digits of account number 2096			
Add the dollar	value of your entries in C	olumn A on this page. Write that number here:	\$11,65	50.00	
		the dollar value totals from all pages.			
Write that num		· ·	\$11,65	JU.UU	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fill in	this info	rmation to identify your c	ase:				
Debtor	· 1	Samantha McGove	ern				
		First Name	Middle Name	Last Name			
Debtor		First Name	Middle Nows	Loot Name			
(Spouse	ir, tiling)	First Name	Middle Name	Last Name			
United	States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN			
Case r	number	19-48825-T					
(if known	n)					☐ Check	t if this is an
						amen	ded filing
Offici	ial Foi	rm 106E/F					
		E/F: Creditors W	ho Have Unsecu	red Claims			12/15
		and accurate as possible. Use			2 for creditors with NON	PRIORITY claims I	
Schedu Schedu eft. Atta	le G: Exe le D: Cred ach the C	entracts or unexpired leases to cutory Contracts and Unexpiral ditors Who Have Claims Secu ontinuation Page to this page umber (if known).	ed Leases (Official Form 1 red by Property. If more sp	06G). Do not include any ace is needed, copy the	creditors with partially s Part you need, fill it out,	ecured claims that number the entries	are listed in in the boxes on the
Part 1	List	All of Your PRIORITY Uns	secured Claims				
_	•	itors have priority unsecured	claims against you?				
	No. Go to	Part 2.					
	Yes.						
ide pos	ntify what ssible, list	our priority unsecured claims type of claim it is. If a claim has the claims in alphabetical order than one creditor holds a par	s both priority and nonpriority according to the creditor's na	amounts, list that claim he ame. If you have more that	re and show both priority a	nd nonpriority amour	nts. As much as
(Fo	or an expla	anation of each type of claim, se	ee the instructions for this for	m in the instruction booklet	.) Total claim	Priority amount	Nonpriority amount
2.1		al Revenue Service Creditor's Name	Last 4 digits of	account number	\$3,000.00	\$3,000.00	
	Centr	alized Insolvency Oper	ation When was the	debt incurred?		-	
	_	Box 7346					
	Number	delphia, PA 19101-7346 Street City State Zip Code		you file, the claim is: Che	ck all that apply		
W	/ho incur	red the debt? Check one.	☐ Contingent				
	Debtor	1 only	☐ Unliquidated				
	Debtor :	2 only	☐ Disputed				
_	_	1 and Debtor 2 only	•	ITY unsecured claim:			
_	_	one of the debtors and another	☐ Domestic su	pport obligations			
		if this claim is for a communi	_	ertain other debts you owe	the government		
		n subject to offset?	_	eath or personal injury whil	•		
	No		Other. Speci		- ,		
] Yes		Other. Opeci	2016-2018 Taxes	<u> </u>		_
Part 2	l ist	All of Your NONPRIORITY	/ Unsecured Claims				
		itors have nonpriority unsecu					
_	•	nave nothing to report in this pa		urt with your other schedule	26		
	Yes.	acto nothing to report in tills pa	i Capitile and form to the col	art that your outer someuun			
uns tha	secured cl	our nonpriority unsecured cla aim, list the creditor separately ditor holds a particular claim, lis	for each claim. For each clair	m listed, identify what type	of claim it is. Do not list cla	aims already included	I in Part 1. If more

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 10

Case number (if known) Debtor 1 Samantha McGovern 19-48825-T

4.1	Acadian Medical Providers	Last 4 digits of account number	\$45.00			
	Nonpriority Creditor's Name 26200 Ford Rd	When was the debt incurred?				
	PO Box 864 Dearborn Heights, MI 48127 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Medical Bill				
4.2	Advance America	Last 4 digits of account number	\$500.00			
	Nonpriority Creditor's Name 1115 Hwy 301 N, Unit C	When was the debt incurred?				
	Dillon, SC 29536 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Cash Advance				
4.3	AFNI	Last 4 digits of account number 7035	\$200.00			
	Nonpriority Creditor's Name PO Box 3097	When was the debt incurred? 2018				
	Bloomington, IL 61702 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify collection (comcast)				

Alliance Catholic Credit Union Nonpriority Creditor's Name	Last 4 digits of account number 3078	\$500.0
255 E Maple Rd	When was the debt incurred? 2008	
Troy, MI 48083 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify credit card	
Allied Business Service	Last 4 digits of account number	\$300.0
Nonpriority Creditor's Name P.O. Box 1799 Holland, MI 49422	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	□ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical Bill	
Americollect	Last 4 digits of account number 3368	\$50.0
Nonpriority Creditor's Name 814 S. 8th Street	When was the debt incurred? 2018	
Manitowoc, WI 54220-4503 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ Other. Specify Collection (Awan Associates P.C.)	

Case number (if known) Debtor 1 Samantha McGovern 19-48825-T

4.7	AT&T	Last 4 digits of account number unknown	\$200.00
	Nonpriority Creditor's Name		
	P.O. Box 5080	When was the debt incurred?	
	Carol Stream, IL 60197-5081 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date you me, the diamine. Officer all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify phone bill	
4.8	Beaumont	Last 4 digits of account number	\$4,000.00
	Nonpriority Creditor's Name		·
	750 Stephenson Highway PO Box 5042	When was the debt incurred?	
	Troy, MI 48007-5042		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify medical	
4.9	Bright Lending	Last 4 digits of account number	\$950.00
	Nonpriority Creditor's Name		
	PO Box 578	When was the debt incurred?	
	Hays, MT 59527 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oneon an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Cash Advance	

Comenity Bank / Meijer Inc	Last 4 digits of account number 8830	\$1,650.0
Nonpriority Creditor's Name PO Box 182789	When was the debt incurred? 2015	
Columbus, OH 43218	As of the data was file the plains in Oberla III that such	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Revolving Credit	
Credit One Bank		\$400.0
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ400. 0
PO Box 98872	When was the debt incurred?	
Las Vegas, NV 89193-8872		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
_	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit Card	
DTE Energy	Last 4 digits of account number unknown	\$1,550.0
Nonpriority Creditor's Name		
1 One Energy Plaza	When was the debt incurred?	
WCB 2106 Detroit, MI 48226-1221		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	

Nonpriority Creditor's Name PO Box 553920 Detroit, MI 48255 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
☐ Check if this claim is for a community debt ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
debt	
debt ☐ Obligations arising out of a separation agreement or divorce that you did not	
Toport do priority oldino	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Medical Bill	
4.1 4 HRRG Last 4 digits of account number	\$400.00
Nonpriority Creditor's Name	
P.O. Box 5406 When was the debt incurred?	
Cincinnati, OH 45273-7942 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
■ Debtor 1 only □ Contingent	
□ Debtor 2 only □ Unliquidated	
□ Debtor 1 and Debtor 2 only □ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans	
debt ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset? report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Medical Bill	
4.1 Meijer/GECRB Last 4 digits of account number	\$1,600.00
Nonpriority Creditor's Name	
PO Box 960015 When was the debt incurred? Orlando, FL 32896-0015	
Number Street City State Zip Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
■ Debtor 1 only □ Contingent	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans	
debt ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset? report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Credit Card	

4.1 6	Pioneer Finance Nonpriority Creditor's Name c/o Ronald B Rich & Associates 30665 Northwestern Hwy, Ste 280 Farmington, MI 48334 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Lawsuit	\$1,783.00
4.1 7	Plain Green Nonpriority Creditor's Name 93 Mack Road, Suite 600 PO Box 270 Box Elder, MT 59521 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cash Advance	\$500.00
4.1	Scheer, Green & Burke Co Nonpriority Creditor's Name PO Box 1312 Toledo, OH 43603-1312 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Medical Bill	\$640.00

4.1 9	SYNCB/Wal-Mart	Last 4 digits of account number 3220	\$600.00
	Nonpriority Creditor's Name PO Box 965024	When was the debt incurred? 2017	
	Orlando, FL 32896-5024 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Revolving Credit	
4.2 0	TD Bank USA/Target Credit	Last 4 digits of account number 1786	\$600.00
	Nonpriority Creditor's Name		
	PO Box 673 Minneapolis, MN 55440	When was the debt incurred? 2015	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Revolving Credit	
4.2	Tidewater Finance Company	Last 4 digits of account number 3326	\$1,650.00
1	Nonpriority Creditor's Name		ψ1,000.00
	6520 Indian River Rd.	When was the debt incurred? 2016	
	Virginia Beach, VA 23464 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Oneok an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other Specify Sales Contract	
	_ 100	— Other, Specify	

Nonpriority Creditor's Name 9870 Telegraph Rd Taylor, MI 48180 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	4.2 2	Transworld Systems	Last 4 digits of account number	\$350.00
Number Street City State 2 pC Code Who incurred the debt? Check one. Debtor 1 only Unliquidated Unliquidated Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Unliquidated Debtor 2 only Unliquidated Debtor 2 only Unliquidated Debtor 2 only Debtor 2 only Unliquidated Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 3 only Unliquidated Debtor 4 only Debtor 5 onl		P.O. Box 15618	When was the debt incurred?	
Debtor 2 and Debtor 3 and Debtor 3 and Poetror 1 and Debtor 3 and another Debtor 1 and Debtor 3 and another Debtor 1 and Debtor 3 and another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 2 and Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 2 and Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 2 and Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 2 and Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 2 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 1 and Debtor 3 and 3 another Debtor 4 this claim is for a community Debtor 4 and Debtor 3 and 3 another Debtor 1 and Debtor 4 and 5 another Debtor 4 this claim is for a community Debtor 4 and Debtor 5 and 3 another Debtor 4 this claim is for a community Debtor 5 and 3 another Debtor 4 this claim is for a community Debtor 5 and 3 another Debtor 5 and 3 ano		Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Debtor 2 only		■ Debtor 1 only	☐ Contingent	
Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Student		Debtor 2 only		
Check if this claim is for a community debt Contingent				
Creek it in subject to offset? Continuency Continuen			·	
debt is the claim subject to offset? report as priority claims No		☐ Check if this claim is for a community	☐ Student loans	
Urgent Care One PLLC Nonpriority Creditor's Name 987 or Telegraph Rd Taylor, MI 48180 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Street City State Sip Code Who is the claim subject to offset? WesBanco Bank, Inc. Nonpriority Creditor's Name Box 309 Radcliff, KY 40159 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and potential and another Check if this claim is for a community debt Is the claim subject to offset? WesBanco Bank, Inc. Nonpriority Creditor's Name Box 309 Radcliff, KY 40159 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor		debt		
Urgent Care One PLLC		No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Nonpriority Creditors Name 9870 Telegraph Rd Taylor, MI 48180 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 steel claim is for a community debt He claim subject to offset? WesBanco Bank, Inc. Last 4 digits of account number As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only D		□Yes	Other. Specify collection	
Nonpriority Creditor's Name 9870 Telegraph Rd Taylor, MI 48180 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Check if this claim is for a community debt Nonpriority Creditor's Name Box 309 Radcliff, KY 40159 Number Street City State Zip Code Who incurred the debtor 2 only Unliquidated Debtor 1 only Check if this claim is for a community debt Sate Call the debtor of the debtor sand another Check if this claim subject to offset? Last 4 digits of account number So.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply Check if this claim is for a community debt Check if this claim is for a community Check if this clai		Urgent Care One PLLC	Last 4 digits of account number	\$50.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only		9870 Telegraph Rd	When was the debt incurred?	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify WesBanco Bank, Inc. Last 4 digits of account number Box 309 Radcliff, KY 40159 Non incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 debt incurred? As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 contingent Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only		Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify WesBanco Bank, Inc. Last 4 digits of account number Box 309 Radcliff, KY 40159 Non incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 debt incurred? As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 contingent Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only		Debtor 1 only	Contingent	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill WesBanco Bank, Inc. Last 4 digits of account number No porpriority Creditor's Name Box 309 Radcliff, KY 40159 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts \$0.00 \$0.		<u> </u>	· ·	
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Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims No		,	·	
debt Is the claim subject to offset? In No In Debts to pension or profit-sharing plans, and other similar debts In No In Debts to pension or profit-sharing plans, and other similar debts In Other. Specify Medical Bill WesBanco Bank, Inc. Nonpriority Creditor's Name Box 309 RadCliff, KY 40159 Number Street City State Zip Code Who incurred the debt? Check one. In Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Wedical Bill State A digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. In Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 one of the debtors and another Debtor 4 one of the debtors and another Debtor 5 one of the debtors and another Debtor 6 one of the debtors and another Debtor 7 one of NoNPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts			☐ Student loans	
WesBanco Bank, Inc. Nonpriority Creditor's Name Box 309 Radcliff, KY 40159 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Medical Bill Stat 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Unl		debt		
WesBanco Bank, Inc. Nonpriority Creditor's Name Box 309 Radcliff, KY 40159 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Type of Nonpriority Creditor's Name No When was the debt incurred? As of the date you file, the claim is: Check all that apply Type of Nonpriority Creditor's Name As of the date you file, the claim is: Check all that apply Type of Nonpriority Creditor's Name As of the date you file, the claim is: Check all that apply Type of Nonpriority Creditor's Check all that apply Type of Nonpriority Uniquidated Type of Nonpriority Unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		No	☐ Debts to pension or profit-sharing plans, and other similar debts	
August State Sta		Yes	Other. Specify Medical Bill	
Radcliff, KY 40159 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		•	Last 4 digits of account number	\$0.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts			When was the debt incurred?	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 only	☐ Contingent	
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2 only	☐ Unliquidated	
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		☐ Debtor 1 and Debtor 2 only	☐ Disputed	
debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts		☐ At least one of the debtors and another		
debt Is the claim subject to offset? ■ No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		☐ Check if this claim is for a community	☐ Student loans	
		debt		
☐ Yes ☐ Other. Specify Account		■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
		Yes	Other. Specify Account	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 10

				0, 10, 10 1.001 11	
Debtor 1 Samantha McGovern		Case number (if known)	19-48825-T		
20th District Court	Line 4.16 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
Case No. 19-91987 25637 Michigan Avenue Dearborn Heights, MI 48125		■ Part 2: Creditors with Non	priority Unsecured Claims		
Dearborn Heights, im 40120	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	,			
AAA 1 Auto Club Drive	Line 4.22 of (<i>Check one</i>):	Part 1: Creditors with Prior			
Dearborn, MI 48126		■ Part 2: Creditors with Non	priority Unsecured Claims		
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2				
Awan & Associates PO Box 1566	Line 4.6 of (Check one):	Part 1: Creditors with Prior			
Manitowoc, WI 54221		Part 2: Creditors with Non	priority Unsecured Claims		
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Financial Recovery Services PO Box 385908	Line 4.20 of (<i>Check one</i>):	Part 1: Creditors with Prior	•		
Minneapolis, MN 55438-5908		Part 2: Creditors with Non	priority Unsecured Claims		
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?			
Franklin Collection Service 2978 W. Jackson St.	Line 4.7 of (<i>Check one</i>):	Part 1: Creditors with Prior	- -		
Tupelo, MS 38801		Part 2: Creditors with Non	priority Unsecured Claims		
rapolo, me eece :	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?			
IC System Inc.	Line 4.7 of (<i>Check one</i>):	Part 1: Creditors with Prior	•		
444 Highway 96 East PO Box 64437		Part 2: Creditors with Non	priority Unsecured Claims		
Saint Paul, MN 55164-0437					
	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
T. (.)	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 3,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 3,000.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.		6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 19,518.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 19,518.00

Fill in this infor					
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Case number	19-48825-T				
(if known)					Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for Name, Number, Street, City, State and ZIP Code **Ford Motor Credit** 2017 Ford Lease PO box 542000 Omaha, NE 68154

					6/19/19 4:09PN
Fill in this	information to identify your	case:			
Debtor 1	Samantha McGo	vorn			
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Case numb	per 19-48825-T				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
<u>Sched</u>	ule H: Your Cod	ebtors			12/15
■ No □ Yes 2. With Arizona ■ No. □ Yes 3. In Coluin line	nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. . Did your spouse, former spo umn 1, list all of your codeb 2 again as a codebtor only	u lived in a community pr , Nevada, New Mexico, Pu use, or legal equivalent live tors. Do not include your if that person is a guaran	operty state or territo erto Rico, Texas, Wash with you at the time? spouse as a codebto tor or cosigner. Make	ry? (Community proper hington, and Wisconsin. r if your spouse is filir sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official
	106D), Schedule E/F (Officia olumn 2.	l Form 106E/F), or Sched	ule G (Official Form 1	06G). Use Schedule D,	Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	η Δ
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	
-	Alumbar Ctreat				
	Number Street City	State	ZIP Code		
3.2				Schedule D, lir	ne
1	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
1	Number Street			_	
(City	State	ZIP Code		

					•			
	in this information to identify your cotor 1 Samantha N							
	otor 2							
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF MICHIGAN					
	19-48825-T 19-48825-T		-		☐ A sup	ended filin olement sh	ng nowing postpetition chapter the following date:	
0	fficial Form 106I					DD/ YYYY	_	
S	chedule I: Your Inc	ome			141141 7 1	36, 1111	12/	15
sup spo atta	as complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your sp ith you, do not include	ouse is live information	ving with you ion about you	include in r spouse.	nformation about your If more space is needed,	,
1.	Fill in your employment information.		Debtor 1		Del	otor 2 or n	on-filing spouse	
	If you have more than one job, attach a separate page with information about additional	arate page with Employment status				Employed Not employ	/ed	
	employers.	Occupation	Mail Carrier					
	Include part-time, seasonal, or self-employed work.	Employer's name	USPS					
	Occupation may include student or homemaker, if it applies.	Employer's address						
		How long employed t	here? 4 years					
Pai	Give Details About Mor	nthly Income						_
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to repo	ort for any	line, write \$0 i	n the spac	e. Include your non-filing	
	u or your non-filing spouse have mee space, attach a separate sheet to		ombine the information f	or all empl	oyers for that	person on	the lines below. If you need	t
					For Debtor		or Debtor 2 or on-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. \$	3,861	.28 \$_	N/A	
3.	Estimate and list monthly overt	ime pay.		3. +\$	0	<u>.00</u> +\$	N/A	

4. Calculate gross Income. Add line 2 + line 3.

4. \$ **3,861.28**

N/A

Deb	tor 1	Samantha McGovern	_	Case n	umber (if known)	19-48	325-T		
				For I	Debtor 1		ebtor 2		
	Cor	by line 4 here	4.	\$	3,861.28	non-t	iling sp	ouse N/A	
	00,	by line 4 nere		Ψ	0,001.20	Ψ		14/7	-
5.	List	t all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	972.64	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$	0.00	\$		N/A N/A	
	5u. 5e.	Insurance	5a. 5e.	\$ 	0.00 453.29	Ф \$		N/A N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
	5g.	Union dues	5g.	\$	62.81	\$		N/A	•
	5h.	Other deductions. Specify:	5h	+ \$	0.00	+ \$		N/A	
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,488.74	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,372.54	\$		N/A	
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
	01	monthly net income.	8a.	\$	0.00	\$		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	\$	0.00	\$		N/A	
	ос.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
	8d.		8d.	\$	0.00	\$		N/A	
	8e.	Social Security	8e.	\$	0.00	\$		N/A	•
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		N/A	
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		N/A	\
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	2	,372.54 + \$		N/A =	\$	2,372.54
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	deper		•	•	hedule J		0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies					12.	\$	2,372.54
								Combin	
13.	Do	you expect an increase or decrease within the year after you file this form No.	1?				n	ionthly	y income
	$\overline{\Box}$	Yes. Explain:							
	_								

						1				
	in this informat	tion to identify yo	our case:							
Deb	tor 1	Samantha M	cGovern			Ch	neck if	this is:		
							An	amended filing		
	tor 2								ing postpetition cha	apter
(Spo	ouse, if filing)						13	expenses as of t	the following date:	
Unit	ed States Bankru	uptcy Court for the	: EASTER	RN DISTRICT OF MICHIG	ian		MN	I / DD / YYYY		
Cas	e number 19	-48825-T								
(If kı	nown)									
Of	fficial Fo	rm 106J								
S	chedule	J: Your l	Evnon	202						12/15
				If two married people ar	a filing tagathar h	oth are e	aually	rosponsible fo	r supplying corre	
info	rmation. If me		eded, atta	ch another sheet to this						
Par	t 1: Descri	ibe Your House	hold							
1.	Is this a join									
	■ No. Go to	line 2.								
	☐ Yes. Doe s	s Debtor 2 live i	in a separa	ate household?						
	□ No	n	•							
		-	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of D	ebtor 2	2.		
			_	. ,	•					
2.	Do you have	e dependents?	■ No							
	Do not list De	ebtor 1 and	☐ Yes.	Fill out this information for	Dependent's relati			Dependent's	Does dependent	
	Debtor 2.			each dependent	Debtor 1 or Debtor	r 2		age	live with you?	
	Do not state								☐ No	
	dependents r	names.							☐ Yes	
									□ No	
									☐ Yes	
									□ No	
									☐ Yes	
									□ No □ Yes	
3.	Do vour exp	enses include	_	NI.					□ res	
0.	expenses of	f people other to d your depende	han $_{\square}$	No Yes						
Par	t 2: Estima	ate Your Ongoi	na Monthi	v Expenses						
Est	imate your ex	penses as of yo	our bankru	uptcy filing date unless y y is filed. If this is a supp						
app	licable date.									
Incl	ude expenses	s paid for with i	non-cash 🤉	government assistance i	f you know					
			d have inc	luded it on Schedule I: Y	our Income			Your expe	nses	
(On	ficial Form 10	61.)					_	Tour expe		
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$		600.00	
	If not includ	•	-							
	4a. Real e	state taxes				4a.	\$		0.00	
		rty, homeowner's	s, or renter'	's insurance		4a. 4b.	—		50.00	
	•	•		pkeep expenses		4c.	· : —		0.00	
		owner's associat				4d.	\$		0.00	
5.	Additional n	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$		0.00	

Official Form 106J

	Samantha McGovern	Case number (it	f known)	19-48825-T
1 14	ilities:			
6. Ut i 6a		6a. \$		150.00
6b	•	6b. \$		85.00
6c.		6c. \$		
6d		· -		160.00
		6d. \$ _		0.00
	od and housekeeping supplies	7. \$		300.00
	ildcare and children's education costs	8. \$		0.00
	othing, laundry, and dry cleaning	9. \$		50.00
	rsonal care products and services	10. \$		0.00
. Ме	dical and dental expenses	11. \$		100.00
	ansportation. Include gas, maintenance, bus or train fare.	40 ft		228.00
	not include car payments.	12. \$		
	tertainment, clubs, recreation, newspapers, magazines, and books	13. \$		50.00
. Ch	aritable contributions and religious donations	14. \$		0.00
. Ins	surance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a. \$ __		0.00
15	b. Health insurance	15b. \$		0.00
15	c. Vehicle insurance	15c. \$		150.00
15	d. Other insurance. Specify:	15d. \$		0.00
Та	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Sp	ecify:	16. \$		0.00
. Ins	stallment or lease payments:			
17	a. Car payments for Vehicle 1	17a. \$		249.50
17	b. Car payments for Vehicle 2	17b. \$		0.00
17	c. Other. Specify:	17c. \$		0.00
	d. Other. Specify:	17d. \$		0.00
	ur payments of alimony, maintenance, and support that you did not report as			0.00
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			0.00
	her payments you make to support others who do not live with you.	*		0.00
	ecify:	19.		
	her real property expenses not included in lines 4 or 5 of this form or on Sch		ncome.	
	a. Mortgages on other property	20a. \$		0.00
	b. Real estate taxes	20b. \$		0.00
	c. Property, homeowner's, or renter's insurance	20c. \$		0.00
	d. Maintenance, repair, and upkeep expenses	20d. \$		0.00
	e. Homeowner's association or condominium dues	20e. \$		0.00
_		· -		
	her: Specify: Contingency/personal care	21. +\$	-	100.00
Pe	tcare	+\$_		100.00
Ca	Iculate your monthly expenses			
	a. Add lines 4 through 21.	\$		2,372.50
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$		2,012.00
22	c. Add line 22a and 22b. The result is your monthly expenses.	\$		2,372.50
	Iculate your monthly net income.			
Ca		00- f		2,372.54
	a. Copy line 12 (vour combined monthly income) from Schedule I	/,3a .h		2,312.34
23	a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$		0 070 FA
23	a. Copy line 12 (your combined monthly income) from Schedule I.b. Copy your monthly expenses from line 22c above.	23a. \$ _ 23b\$ _		2,372.50
23 23	b. Copy your monthly expenses from line 22c above.	_		2,372.50
23 23		_		2,372.50

on to identify your	case:					
Debtor 1 Samantha McGovern						
First Name	Middle Name	Last Name				
First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		F MICHIGAN				
48825-T						
			☐ Check if this is an amended filing			
F	Samantha McGov First Name First Name uptcy Court for the:	First Name Middle Name First Name Middle Name uptcy Court for the: EASTERN DISTRICT C	Samantha McGovern First Name Middle Name Last Name First Name Middle Name Last Name Last Name Last Name Last Name Last Name			

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below									
Did y	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?									
	No									
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)							
that tl	Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Samantha McGovern X									
-	amantha McGovern ignature of Debtor 1		Signature of Debtor 2							
D	ate _June 19, 2019		Date							

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in	this inforn	nation to identify you	r case:			
Debto	or 1	Samantha McGo	OVERN Middle Name	Last Name		
Debto	or 2	First Name	Middle Name	Last Name		
	e if, filing)	First Name	Middle Name	Last Name		
United	d States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case	number 1	9-48825-T				
(if know	rn)				-	Check if this is an
						amended filing
O#:	-:-! -	407				
		rm 107	A ((= !	desale Ellin v Con B	\ I	
			Affairs for Individ		<u> </u>	4/19
					equally responsible for sup y additional pages, write yo	
		n). Answer every que			,	
Part 1	Give D	etails About Your Ma	arital Status and Where You	ı Lived Before		
1. W	/hat is your	current marital statu	ıs?			
	Married					
	Not mar	ried				
2. D	uring the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
_	7 No.		·	·		
		t all of the places you	ived in the last 3 years. Do no	ot include where you live now	v.	
			ŕ	ŕ		
[Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
	4483 Hard		From-To:	☐ Same as Debtor	1	☐ Same as Debtor 1
[Dearborn	Heights, MI 48125	8/2015-8/2018	1		From-To:
states	and territori No Yes. Ma	es include Arizona, Ca ke sure you fill out <i>Sci</i>	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	nity property state or territor ico, Texas, Washington and V	
Part 2	Explai	n the Sources of You	r Income			
F	ill in the tota	I amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
] No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From	January 1	of current year until	■ Wages, commissions,	\$18,175.00	☐ Wages, commissions,	
		d for bankruptcy:	bonuses, tips	¥12,112.00	bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

page 1

				Debtor 1			Debtor 2			
				Sources of income Check all that apply.	(befo	ss income are deductions and asions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)	
		dar year: December	31, 2018)	■ Wages, commissions bonuses, tips	5,	\$24,597.00	☐ Wages, combonuses, tips	missions,		
				☐ Operating a business	3		☐ Operating a	business		
		dar year be December		■ Wages, commissions bonuses, tips	5,	\$42,872.00	☐ Wages, combonuses, tips	missions,		
				☐ Operating a business	;		☐ Operating a	business		
٧	vinnings. List each s	lf you are fili	ng a joint cas	pensions; rental income; income the and you have income the me from each source sep	at you rece	ived together, list it o	only once under De	ebtor 1.		
	→ Yes.	Fill in the de	taiis.	D 14			D.11.			
				Debtor 1 Sources of income Describe below.	each (befo	ss income from source are deductions and asions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)	
Part :	3: List	Certain Pa	yments You	Made Before You Filed 1	or Bankru	otcy				
_	Are eithei ☑ No.	Neither De individual puring the ☐ No. ☐ Yes	ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below 6 paid that cr not include	es debts primarily consulted to 2 has primarily copersonal, family, or house the you filed for bankruptcy. Each creditor to whom you editor. Do not include paying payments to an attorney for an 4/01/22 and every 3 years.	nsumer de ehold purpo v, did you pa paid a total ments for do or this bank	bts. Consumer debi se." ay any creditor a tota of \$6,825* or more omestic support obliq ruptcy case.	al of \$6,825* or mo in one or more pay gations, such as ch	re? ments and thild support a	ne total amount you nd alimony. Also, do	
ı	Yes.			2 or both have primarily consumer debts. Defore you filed for bankruptcy, did you pay any creditor a total of \$600 or more?						
		■ No.	Go to line 7							
		□ Yes	include pay	each creditor to whom you ments for domestic suppo this bankruptcy case.						
	Creditor'	s Name and	l Address	Dates of pay	ment	Total amount	Amount you still owe	Was this p	payment for	
						paid	Sun owe			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Describe the action the creditor took

No

Official Form 107

Yes

Yes. Fill in the details. **Creditor Name and Address**

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Amount

Date action was

taken

Pai	t 5: List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value					
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.								
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	l Describe what you contributed	Dates you contributed	Value					
Pai	t 6: List Certain Losses								
15.	within 1 year before you filed for bankruptcor gambling? ■ No □ Yes. Fill in the details.	y or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster					
	how the loss occurred Inc	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost					
Pai	t7: List Certain Payments or Transfers								
16.	consulted about seeking bankruptcy or pre	y, did you or anyone else acting on your behalf pay paring a bankruptcy petition? arers, or credit counseling agencies for services require		rty to anyone you					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
	The Carey Law Group, P.C. 23930 Michigan Avenue Dearborn, MI 48124 ecf@careylawgroup.net	Attorney Fees	6/12/19	\$185.00					
	Debt Education & Certificatio Foundation 112 Goliad St, Ste D Fort Worth, TX 76126	Credit Counseling	6/12/19	\$15.00					

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No

Yes. Fill in the details. Name of Financial Institution

Address (Number, Street, City, State and ZIP Code)

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Who else had access to it?

Address (Number, Street, City,

State and ZIP Code)

Describe the contents

Do you still

have it?

22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?				
	□ No				
	Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?	
	Metro Storage USA	Samantha McGovern	Belongings passed down	□No	
	23325 Van Born Rd Taylor, MI 48180	20942 Annapolis from mother (clothes, Dearborn Heights, MI 48125 furniture, pictures, books) Darrell White also has some belongings in the storage uni	■ Yes		
		Darrell White Flat Rock, MI (Pays \$20 towards monthly storage fee)	and contributes towards the monthly		
Par	19: Identify Property You Hold or Control for	r Someone Else			
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.				
	■ No				
	☐ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value	
Part 10: Give Details About Environmental Information					
For the purpose of Part 10, the following definitions apply:					
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.				
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or uto own, operate, or utilize it, including disposal sites.				
		dous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, dous material, pollutant, contaminant, or similar term.			
Report all notices, releases, and proceedings that you know about, regardless of when they occurred.					
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?				
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of any release of hazardous material?				
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
		,			

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

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